MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10585380	

Applicant(s) **Hans-Dieter Zucht**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18		(1)		1		
19		(1)		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24		(1)		1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
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79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
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95				1		
96				1		
97				1		
98				1		
99				1		
100				1		

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
101				1				151						
102				1				152						
103				1				153						
104				1				154						
105				1				155						
106								156						
107								157						
108								158						
109								159						
110								160						
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141								191						
142								192						
143								193						
144								194						
145								195						
146								196						
147								197						
148								198						
149								199						
150								200						
Total Indep	6		6		0									
Total Depend	18	↵	99	↵	0	↵								
Total Claims	24		105		0									